

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-08-2003 90088 023 ***150.00

DOCUMENT # 684131

1. Entity Name
DENNIS DISTRIBUTIONS, INC.



Principal Place of Business
**265 RING POWER ROAD
PERRY FL 32348
US**

Mailing Address
**265 RING POWER ROAD
PERRY FL 32348
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-3081384**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLER, PATRICIA S.
265 RING POWER ROAD
PERRY FL 32348**

Name

BRINDA DENNIS

Street Address (P.O. Box Number is Not Acceptable)

265 RING POWER RD.

City **PERRY**

FL

Zip Code

32348

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brinda Dennis
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

BRINDA DENNIS

4.6.03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, PATRICIA S.	
STREET ADDRESS	257 RING POWER RD	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KELLER, PATRICIA S	
STREET ADDRESS	257 RING POWER RD	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	PT	<input type="checkbox"/> Delete
NAME	DENNIS, TIMOTHY A	
STREET ADDRESS	257 RING POWER RD	
CITY-ST-ZIP	PERRY FL 32348	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brinda Dennis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.6.03

Date

Daytime Phone #

CR2E034 (10/02)